

PRINTED: 02/03/2011
FORM APPROVED
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
Sylvia J. Burton, RNNHA		Executive Director	2/15/11

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445136	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/01/2011
NAME OF PROVIDER OR SUPPLIER MASTERS HEALTH CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 278 DRY VALLEY RD ALGOOD, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 054	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke detectors. The findings include: Observations of the basement's corridor by room 504 on 2/1/11 at 10:30 AM, revealed the smoke detector was installed within 3 ft. of the air return vent. National Fire Protection Association (NFPA). 72, 2-3.5.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11.	K 054	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> _____		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings include: Observation of the medical records storage room on 2/1/11 at 9:35 AM, revealed 2 escutcheon plates were missing from the sprinklers. National Fire Protection Association (NFPA) 13, 3.2.8 This finding was acknowledged by the Administrator and verified by the Director of	K 062	K062 On 02/02/2011 the two escutcheon plates that were missing was installed by maintenance. All plates will be checked by maintenance staff monthly as part of the facility PM program for the fire prevention / detection system. Results will be reported to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) by the maintenance director at it regular scheduled meetings for review and recommendation, as indicated	02/28/2011	

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FORM CMS-2567(02-99) Previous Versions Obsolete

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K 067	Continued From page 3 facility failed to maintain the heating ventilating, and the air conditioning system. The findings include: Observations of the front lobby bathrooms, the A hall janitor's closet, and the B hall soiled utility room on 2/1/11 at 9:30 AM, revealed the exhaust fans were not working. National Fire protection Association (NFPA) 101, 19.5.2.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 067	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
K 141 SS-D	Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the no smoking signs where oxygen was being stored. The findings include: Observation of the G wing dirty utility room located in the basement on 2/1/11 at 10:40 AM, revealed oxygen stored in the room and no precautionary sign posted on the door. National Fire Protection Association NFPA 99,8.6.4.2 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 141	K141 The portable O2 tank was removed on 02/1/2011 from dirty utility room. Rounds will be made by Nursing Supervisor daily. Maintenance Staff will check at least weekly to monitor and verify proper O2 storage and signage as part of the facility PM program. Results will be reported to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) at it regular scheduled meetings for review and recommendation, as indicated		02/28/2011
K 147		K 147			

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K 147 SS=E	<p>Continued From page 4</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to comply with the electrical codes.</p> <p>The findings include:</p> <p>(1) Observation of the laundry room located on the 1st floor revealed not all of the electrical outlets were ground fault circuit interrupters (GFCI). National Fire Protection Association (NFPA) 70, 517-20</p> <p>(2) Observations of the central supply room, the dry storage room, and the G wing shower room located in the basement on 2/1/11 at 10:12 AM, revealed broken light covers. NFPA 70, 110-12</p> <p>(3) Observations of the kitchen's mop room and the A and B nurses' station medication rooms on 2/1/11 at 10:20 AM, revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a)</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/1/11.</p>	K 147	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <hr/> <p>K147 On 02/02/2011 GFCI outlet was installed in laundry room. On 02/02/2011 broken light covers replaced.. Equipment removed immediately on 02/1/2011, staff rein-serviced about electrical panels being blocked started 2/7/2011, 2/9/2011, 2/14/2011, 2/15/2011 and 2/17/2011 by environmental services and will be completed by 2/17/2011 and will be monitored by nursing supervisors daily. Sign will be posted in medication rooms not to block electrical panels by 2/14/2011. Maintenance Staff will check at least weekly to monitor and verify as part of the facility PM program. Results will be reported to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) at it regular scheduled meetings for review and recommendation, as indicated</p>	2/28/2011	

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